

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

August 22, 2001

Kim Smith, CT-2162
SCI Coal Township

RE: DC-ADM 804 – Final Review
Grievance No. COA-0555-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC-ADM 804 effective January 1, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two pages.

Review of the record reveals that your appeal is incomplete. You have failed to provide this office with the required documentation that relates to your appeal. An appeal at this level will not be permitted until you have complied with all procedures established in DC-ADM 804. **Any further correspondence from you regarding this grievance, which does not contain the required documents needed to conduct final review, will result in a dismissal of your grievance.**

Sincerely,



Tshanna C. Kyler
Administrative Assistant

TCK/ms

cc: Superintendent Gillis
Grievance Office
Central File

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCIPPO BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

01 JUL -9 AM 11:13

GRIEVANCE NO.

0555-01

TO: GRIEVANCE COORDINATOR <i>Kanbis Dascari</i>		INSTITUTION <i>SCIC</i>		DATE <i>7-4-01</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT 2162</i>		INMATE'S SIGNATURE <i>Kim Smith</i>		
WORK ASSIGNMENT <i>U/A</i>		QUARTERS ASSIGNMENT <i>D-2-19</i>		

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On this date, in the A.M., I was told to take a courtesy curtain down; at time I was on toilet, and could not hear to order. 10 seconds later Cpt Witty and C.O. Cory were at my to I explained I was on toilet; they seemed to expect me to jump up in the middle of a dump. They opened the door, took paper down, then stood there and looked at me while on toilet. After taking paper down, they should have left instead they looked for 5 min, it was not until C.O. Cory moved around to get a better look that this act become sexual harassment, and the period of time they stood there with door open, after they took paper down, that I felt I was being sexually harassed while on toilet.

B. Actions taken and staff you have contacted before submitting this grievance:

P.M. at P.M. meal line

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascari

Signature of Grievance Coordinator

7/9/01

Date

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2

RECEIVED
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
SAMPERSVILLE 17001

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE01 JUL 19 AM 9:02
Superintendent's Assistant
Office

GRIEVANCE NO.

0555-01

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Smith, Kim CT-2162	SCICT	DB-1019	July 4, 2001

The following is a summary of my findings regarding your grievance:

Investigation into the allegations presented revealed that grievant had paper placed on his cell door window at the time of the incident, reference DOC Inmate Handbook p. 4 #7 "Except as expressly authorized, nothing is to be affixed to the bars, ventilators, windows or doors."

At no time were either of the mentioned staff members at or near the cell. The order to clear the windows was given from the Officer's Station.

Got reply on 8-10-01

SIGNATURE OF GRIEVANCE OFFICER	DATE
J. T. Mushinski, Captain <i>J. T. Mushinski</i>	July 17, 2001

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598**

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

July 24, 2002

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. 15086

Dear Mr. Smith:

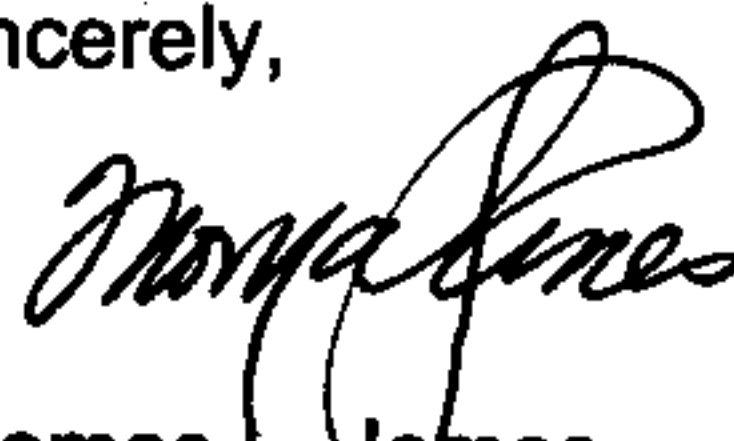
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to refer this grievance to the Bureau of Health Care Services for review. Upon completion of this review, I will then complete final review of your grievance and provide you with a written response.

This letter is to advise you that final review will be delayed pending review by the Bureau of Health Care Services.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/kpr

cc: Superintendent Gillis
Grievance Office
Central File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

August 7, 2002

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 - Final Review
Grievance No. 15086

Dear Mr. Smith:

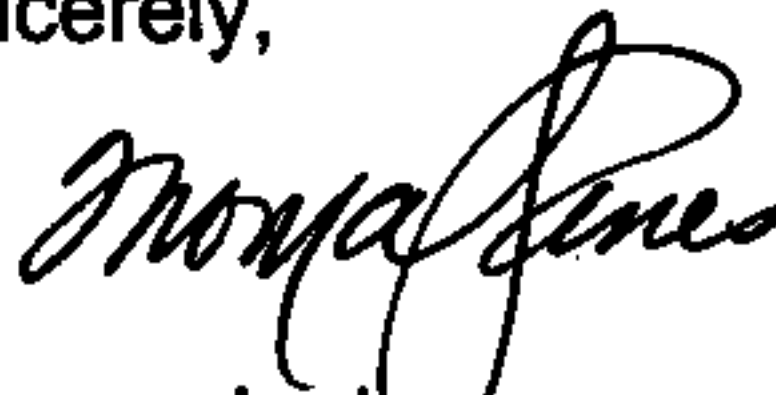
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review with the Bureau of Health Care Services.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. Dr. Arrow, Assistant Medical Director, Bureau of Health Care Services, reviewed your grievance and found the issues raised for final review were addressed by the Health Care Administrator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/kpr

cc: Superintendent Gillis
Grievance Office
Central File

APPEAL TO GRIEVANCE NO. 15086

Date 2-22-02

Kim Smith. CT - 2162 S.C.I. Coal Township

M E D I C A L


On 12-10-01 I complained about a lump behind left knee, and right shoulder pain, an ultrasound was ordered and x-rays. At which time a Dr. Gregory diagnosed this condition as (2 adjacent cysts with some internal debris along the lateral aspect of the left popliteal fossa, and referred to consult with an orthopedic doctor. Dr. Breen Medical Director stated it was his opinion that these cyst were benign and that in his opinion I should not see a orthopedic Doctor for this condition they gave tylenol, and a rub for the pain and the lump which has since worsen.) The determination for treatment is better determined by a train bone doctor not a general practitioner.

X-rays were also taken at S.C.I. Smithfield and a diagnosis was given (mild erosive changes the distal end of the clavicle at A/C joint as well as a slight hypertrophic spurring at the superior tuberosity of the humeral head. This I believe was done by a Dr. K. Smith. Then at S.C.I. Coal Township they claim there was no problem with the shoulder and the condition that appeared at S.C.I.S. did not go away and no treatment for pain was given and have since worsen.

This appeal comes from Mrs. W. Sewell C.H.C.A. and Warden Gillis reply to this grievance supporting the denial of this medical condition and a referral to see an orthopedic doctor for this problem and the level and manner of treatment given for these condition as Kim Smith sits and watches these condition worsen and there and appears there is no treatment forthcoming. For these reason I appeal the denial of health care for these serious illness, that these parties knew or should have known that refusing to treat these condition would result in a more serious problem and pain. That these parties knowingly and intentionally denied treatment and done so with deliberate indifference to inflict pain and injury with a wanton desire to punish and hinder any and all aspect for treatment. When Dr. Breen superseded the referral and order of another Dr. and denied Kim Smith the right to see a specialist for the above condition was done with deliberate and wanton intent to injury and harm, as there is no justification for this denial. More over for this Dr. Breen to claim that these cyst were benign put Kim Smith at risk for serious injury, when the reason and cause and

nature of this problem was not and is not being correctly addressed and treated by the health care providers at this institution. Civil action will be sought for damages and the denial of health care coupled with 8 th amendment violation malpractice, neglect, and deliberate indifference to health care needs. When staff at this institution supports a Dr. decision of a health care need when he is not trained to make that call is a showing of deliberate indifference and reckless endangerment of another, when the result could be a serious injury.

RESPECTFULLY SUBMITTED


4-1502

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

15086

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR K. Dascani	FACILITY: S.C.I.C.	DATE: 2-22-02
FROM: (INMATE NAME & NUMBER) Kim Smith CT-2162	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

1 of 2

On 2-19-02 while speaking to Dr. Brien he knowingly and intentionally refused me health care for a lump behind left knee that runs up into left ham a string and causes pain and my ability to walk. This Dr. claimed that the lump was benided even after x-rays and ulter sound showed a condiction and that this lump could cause other problems if not address. This Dr. told me that it was benined and that was the opinion he was giving and if I did not like it I could sue him. He claimed that the fat lady sang which told me he has no intention to treat this condition, so I must suffer the pain and continue to do so. As a medical professional this Dr. knew or he should have known that to see a medical problem and refuse to treat or make a diganioses of such with out first taking the correct steps put an inmate are risk for serious health problems and to state if you do not like it sue me, and that it was not therfirst time he was sued for malpractice. My calf muscle is small and knee is swollen and I'm in constant pain all the time even when walking and their is something going on and I'm refused

B. List actions taken and staff you have contacted, before submitting this grievance.

Sgt. Mann, and Capt Mashinaki

Request sent to Deputy Lane and Ms. Sewell

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascani
Signature of Facility Grievance Coordinator

2/26/02
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17004-0598

FOR OFFICIAL USE ONLY

15086
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR K. Dascari	FACILITY: S.C.I.C.	DATE: 2-22-02
FROM: (INMATE NAME & NUMBER) Kim Smith CT-2162	SIGNATURE OF INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

~~Page~~ 2 of 2

health care for a known condition by Dr. Brien Medical Director of S.C.I.C. for what ever reason, I'm not sure if this is a game he is playing but he has denied to treat this problem, on 2-19-02

This act was knowingly and intentionally done with deliberate indifference to a health condition. To see a health care problem and not treat it is deliberate indifference, and malpractice, and done with wanton desire to inflict harm and bring about an affect that may cost an inmate his leg or other health problems for the failure to treat and knowingly and intentionally do so with little regard to inmate health care and safety. I have a constitutional right to be free from this level of abuse fro medical, staff, and to leave such a condition untreated brings about a level of emotional distress, and I feel this is a retaliatory act for the pending claim in federal court, and the falsifying of records to support to abuse this inmate is being subjected to.

B. List actions taken and staff you have contacted, before submitting this grievance.

Sgt. Mann, Capt. Mashinski

Request slip sent to Deputy Lane and Ms. Sewell

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascari
Signature of Facility Grievance Coordinator

2/26/02
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

EF A-7

January 25, 1999

o

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0418-97 and SMI-0419-98

Dear Mr. Smith:

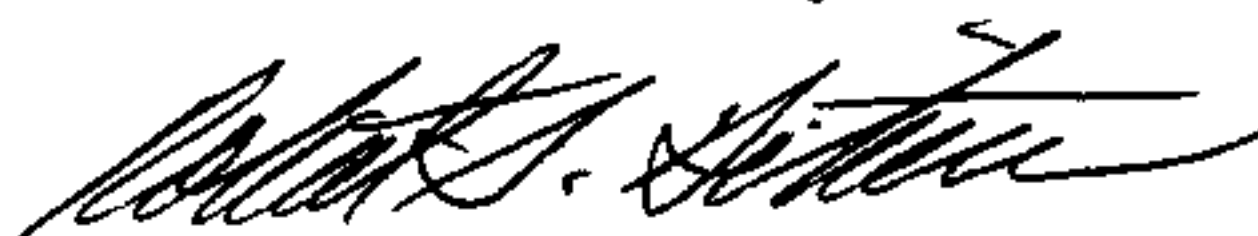
Your request for appeal to final review of the above noted grievance is hereby acknowledged.

In accordance with the provisions of DC-ADM 804, VI, D, as amended effective November 1, 1997, I have reviewed Grievance Nos. SMI-0418-98 and SMI-0419-98 and all documents related to your appeal at the institutional level and this office.

After a careful evaluation of the entire record, it is the decision of this office that your appeal to final review be dismissed. Review of the record reveals that on October 13, 1998, you refused two opportunities to be seen by Dr. Long to discuss the issues raised in your grievance. Having refused to discuss your issues with the Medical Director at initial review, you cannot appeal the response provided at initial review.

For the above stated reasons, your appeal to final review is dismissed.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:ph

pc: Superintendent Morgan

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

May 31, 2001

Kim Smith, CT-2162
SCI Coal Township

RE: DC-ADM 804 – Final Review
Grievance No. COA-0282-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC-ADM 804 effective January 1, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two pages.

Review of the record reveals that your appeal is incomplete. You have failed to provide this office with the required documentation that relates to your appeal. An appeal at this level will not be permitted until you have complied with all procedures established in DC-ADM 804. **Any further correspondence from you regarding this grievance, which does not contain the required documents needed to conduct final review, will result in a dismissal of your grievance.**

Sincerely,

Tshanna Kyler

Tshanna C. Kyler
Administrative Assistant

TCK/ms

cc: Superintendent Gillis
Grievance Office
Central File

*About nurse Bernas cutting my
diabetic medication with out cause
or authority attempted murder*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

June 19, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. COA-0161-01

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. Our review indicates that you are being considered for continued treatment and the doctor sees you on a regular basis. Our review also indicates that you have been less than cooperative with the medical staff regarding your care. I believe the instruction from Superintendent Gillis to the Corrections Health Care Administrator addressed your claim of inadequate medical attention. Moreover, I find nothing inappropriate about the doctor's comments related to the level of community services available for people with your condition.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,


Thomas L. James
Chief Grievance Coordinator

TLJ/tck

cc: Superintendent Gillis
Grievance Office
Central File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

May 16, 2001

Kim Smith, CT-2162
SCI Coal Township

RE: DC-ADM 804 – Final Review
Grievance No. COA-0250-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC-ADM 804 effective January 1, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two pages.

Review of the record reveals that your appeal is incomplete. You have failed to provide this office with the required documentation that relates to your appeal. An appeal at this level will not be permitted until you have complied with all procedures established in DC-ADM 804. **Any further correspondence from you regarding this grievance, which does not contain the required documents needed to conduct final review, will result in a dismissal of your grievance.**

Sincerely,



Tshanna C. Kyler
Administrative Assistant

TCK/ms

cc: Superintendent Gillis
Grievance Office
Central File

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COMMONWEALTH OF PENNSYLVANIA
 Department of Corrections
 State Correctional Institution Coal Township
 (570) 644-7890
 May 9, 2001

SUBJECT: Appeal from Initial Review Grievance 0250-01

TO: Kim Smith CT-2162
 RHU

FROM: *Frank D. Gillis*
 Frank D. Gillis
 Superintendent

I have received your Request for Appeal from Initial Review of the above-noted grievance and I have reviewed the entire record related to this matter.

I find the response provided you by Mr. Voeckler, in his capacity as Grievance Officer, to be proper and it shall, therefore, be sustained. Your Request for Appeal from Initial Review of Grievance 0250-01 is denied.

I had Unit Manager, Mr. Smith, provide me further information on this matter. This confirms my decision that the response to your original grievance should be upheld.
 FDG/jh

cc: Mr. Voeckler
 Mr. Smith
 DC-15
 File

Ex A

Mr. Smith U/M and Mr. Dunn, with deliberate indifference, cruel punishment, malice and malicious intent, failed to cut an cable after cable fee was taken and approved, 3 days into the month they refused to provide refund.

Warden should be held liable for subordinate act of his staff in the administering of cable contract

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598**

**THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS**

August 7, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 - Final Review
Grievance No. COA-0062-01 and COA-0108-01

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review with the Bureau of Health Care Services.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate. Your Hepatitis C treatment, shoulder problem, back and knee complaints, and eye damage have all been reviewed by the staff in the Bureau of Health Care Services as being appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:tck

pc: Superintendent Gillis

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0342-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K DasCaru</i>	FACILITY: <i>SCI C</i>	DATE: <i>4-20-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT 2462</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>UFA</i>	HOUSING ASSIGNMENT: <i>H 106</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

on 4-13-01 I was brought to R#4 facility since being here I have dental issues, diet bog at night, repeat, sick cell, sleep, towel teeth past etc.

On 4-15-01 at Jordan, C.C. Leone, RN Ambrose, RN Bernas conspired to inflict serious harm and attempt murder by taking med and medication for diabetic. On 4-17-01, RN order blood test, diet, acc. check and increase in diabetic medication on med line 3 etc. no time was any order directed to eat line one medication. L. L. Bernas and Ambrose took it upon themselves to supersede the order and do so deliberately and wantonly to inflict harm and place Kim Smith at risk of serious injury or death and do so willfully with deliberate intent, these parties also interfered with the ongoing blood test. When showing N Bernas the RN order and there was no reason to eat med. states that the way it is and then nothing can be done.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

R#4 office, Med line Maria Ambrose
L. L. Bernas who supported this for
of medical abuse

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K DasCaru

Signature of Facility Grievance Coordinator

4/23/01

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

August 15, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance Nos. COA-0342-01 and COA-0269-01

Dear Mr. Smith:

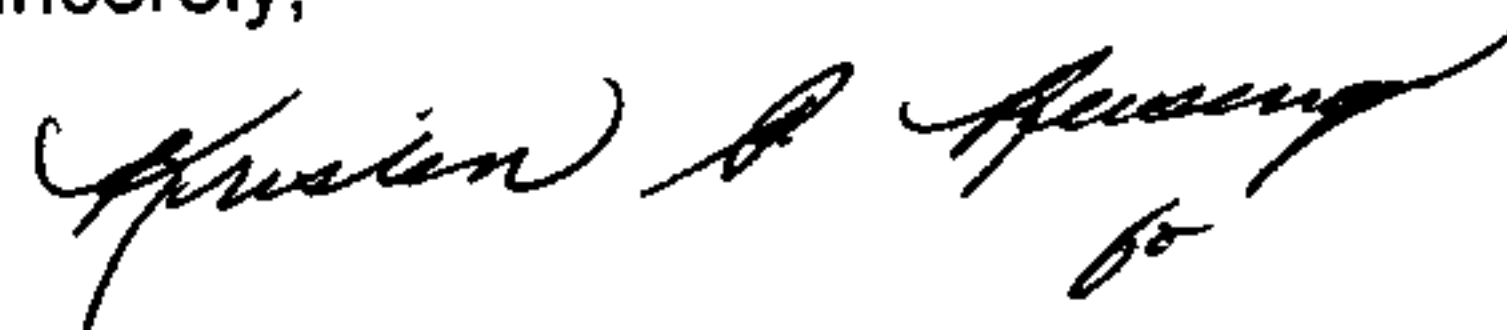
This is to acknowledge receipt of your appeal to final review of the above numbered grievances.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of these grievances; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. You are being provided with appropriate medical treatment for your diabetes. Review of your record reveals your blood sugar levels are monitored on a regular basis. It is also noted that Ms. Sewell has instructed you on the importance of eating properly and cooperating with staff.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/kp

cc: Superintendent Gillis

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

December 10, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. COA-0485-01

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. Your placement in the hard cell was due to a misconduct that you received on 4/18/01 (0875160-Refusing to Obey an Order). Your negative behavior placed you in this situation. Staff's decision is deemed as being in accordance with Department policy.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:ms

cc: Superintendent Gillis
Grievance Office
Central File

Case 1:01-cv-00817-WWC Document 147-2 Filed 06/16/2003 Page 21 of 100
Appeal # 0485-01 June 4, 2001 Kim Smith CT2163

On 6-19-01 an appeal was filed to warden in which he has failed to reply to this grievance appeal, in compliance with D.O.C. policy for appeal.

On 4-18-01 I was placed in a hard cell without, reason, justification or provocation, and subjected to this cruel punishment for a 45 day period. On this date there is nothing on the tape to support this level of abuse. As I was told by Lt. Kula, I had an attitude that was the reason for this punishment. Warden Helms, Koshia Daccani, Deputy Johnson, Mr. Miller have claimed falsely that it was due to my behavior, which is not supported by the tape of 4-18-01.

The warden has failed in his professional responsibility to comply with D.O.C. policy for grievance appeals and I respectfully request that this appeal move forward due to the nature and conduct which in and has hindered me in this action.

Please be advised that civil damage will be sought.

Proof of Service

A copy of this appeal was sent to the below listed parties on or about July 7, 2001 or soon thereafter

Clerks Office
U.S. District Court
Middle District of Pa

Grievance Appeals Office
Camp Hill Pa

I certify under the penalty of Perjury the foregoing is true and correct.

Respectfully
Kim Smith

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

March 3, 2003

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance No. 42421

Dear Mr. Smith:

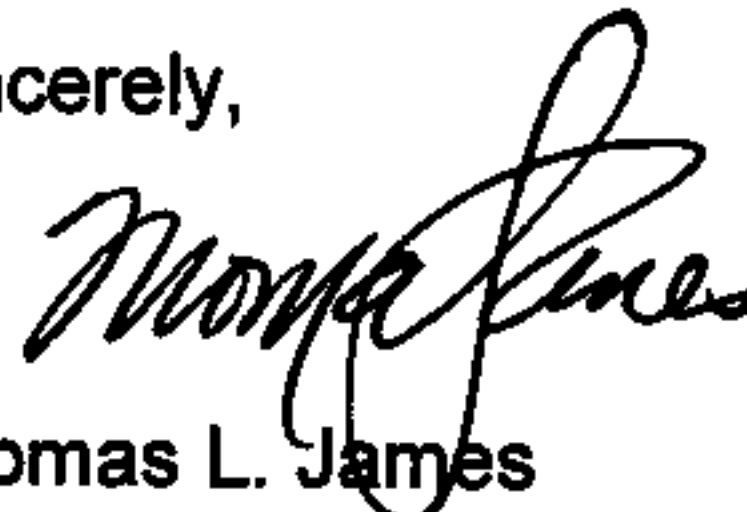
This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, effective May 1, 2002, I have reviewed the entire record of this grievance; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. After review of your complaints and all enclosed documentation, I agree with the grievance officer and Superintendent Gillis's findings. I researched your account as well as other records, and you do not meet the requirements to be considered indigent. You were permitted to go in the red for postage and for medical expenses. You obviously did not manage your money very well and chose to purchase other things rather than spend your money for copies. I find no violation of policy regarding your grievance.

The responses provided at the institutional level are appropriate and in accordance with Department of Corrections policies and procedures. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:kk

cc: Superintendent Gillis
Grievance Office
Central File

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEAL

June 7, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 – Final Review
Grievance Nos. COA-0062-01 and COA-0108-01

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievances.

In accordance with the provisions of DC-ADM 804, effective January 1, 2001, I have reviewed the entire record of these grievances; including your initial grievance, the grievance officer's response, your appeal from initial review and the superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to refer these grievances to the Bureau of Health Care Services for review. Upon completion of this review, I will then complete final review of your grievances and provide you with a written response.

This letter is to advise you that final review will be delayed pending review by the Bureau of Health Care Services.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ/kp

cc: Superintendent Gillis



DC-804
PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

EX A-2

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. SMI-022-99

To: (Name and DC No.) Kim Smith CT-2162	Institution Smithfield	Quarters I/B 42	Grievance Date 1/20/99
<p>The following is a summary of my findings regarding your grievance: I have read your grievance and it seems that you state repeatedly that the staff is "abusing" you. Specifically, you say that Nurse J. Grove did such by having you sign a cash slip that you did not agree to sign. You also make a vague referral to "staff who bring their personal problems to work and abuse inmates". You go on to say that at some point after your surgery you were given dressings to take to your housing unit with which to do your own care. You state you are now "subjected to having the housing block C.O. call medical to get this dressing", which you say is the nurses' responsibility to change.</p> <p>Disposition: Upon reviewing your medical record, I will respond by telling you that I do not tolerate any medical employee under my supervision behaving abusively toward a patient. I will follow up on your concern.</p> <p>As for the medical care you are receiving since your surgery, I will state the facts as I know them. On 1/6/99, you had outpatient surgery and returned to the infirmary. You were administered analgesia, as ordered by your doctor. The following day, you started sitz baths, as ordered by your doctor. No dressing was ordered. Your doctor released you from the infirmary on that day, 1/7/99, no dressing was ordered. It is documented that nurses did change the dressing to your operative area as a nursing measure. and on 1/9/99, you complained of drainage with a foul odor. The nurse referred you to the doctor and the doctor saw you the same day. A specimen was obtained for a wound culture, but still no dressing change was ordered by any doctor. Sitz baths were done, as ordered. On 1/12/99, the PA-C saw you, no order for a dressing. This entire time you were given gauze for dressings without a doctor's order, and you tell me it was given to you in a quantity. I think rather than complaining about your treatment, you would have been wise to accept the staff's attention. On 1/19/99, Dr. Hardesty saw you and he did not recommend any dressing. The PA-C did order a dressing change on 1/20/99. You have been scheduled on nurse lines in the morning and evening to have that done according to the orders.</p> <p>On 1/22/99, your concerns stated in this grievance were all addressed in response to your request dated 1/20/99 to Nurse Allen. You wrote this grievance on the same day you wrote to Nurse Allen, 1/20/99, rather than allowing time to receive a response from the staff member.</p> <p>Your grievance regarding the delivery of health care has no merit, in fact, the care rendered to you has surpassed the community standard.</p> <p>Category: Medical</p> <p>cc: Superintendent Morgan Major Tennis Captain Glenney DC-15</p> <div style="text-align: right;">  Grievance Officer 1/28/99 </div>			
Refer to DC-ADM 804, Section VIII for instructions on grievance system appeal procedures.	SIGNATURE OF GRIEVANCE COORDINATOR 	DATE 1/29/99	

04
PART 1

C/A-3

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
INMATE 598
001-0598

GRIEVANCE NO. *99*

INMATE'S NAME	INSTITUTION
<i>SC 2163</i>	<i>SCI 5</i>
INMATE'S SIGNATURE	QUARTERS ASSIGNMENT
<i>Ken Smith</i>	<i>I-B-...</i>

[Handwritten signature]

For information on the inmate grievance system, please refer to the inmate handbook or contact the grievance coordinator in a reasonable manner.

You have taken to resolve this matter. Be sure to

I am being treated with respect and quality health care, and not subjected to the abuse of staff. When being treated with respect to work and abuse in some I would not have a reason to complain. As long as I feel being abused, disrespected and not getting the treatment I need by staff I will complain. If I am being treated right I don't think I will complain. I am sure that someday someone of the medical staff will come to my aid and I will have no more problems and I will not get a bad report until a doctor or nurse comes to my aid.

[Signature of Grievance Coordinator] *1/22/99*

Signature of Grievance Coordinator

OKA-2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

SMI-022-99

TO: GRIEVANCE COORDINATOR	FROM: <i>SCIS</i>	DATE: <i>1-20-99</i>
NAME (Last, First & Middle): <i>Smith CT2162</i>	SIGNATURE: <i>Smith CT2162</i>	
WORK ASSIGNMENT: <i>all other</i>	DUTY ASSIGNMENT: <i>I-B-42</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On this date after the Payton murder, he is both and dressing for work. I was subjected to disrespect and abuse and threats from Jackie Brown for refusing to sign a cash slip for CO-Payment. It was not my fault Mr. Blackledge did not wait for me and under DC-ADM-802 it is I-B. This is from an initial treatment and residence. Also from Jan 6, 1999 to Jan 19, 1999 I was given dressings to take to cell and change at will now I'm being subjected to having Block C to call medical to get this dressing which has been during 6 times a day, now I'm subjected to spending the nights in damage soaked dressings. I have been in the hospital for 11 days. I have been in the hospital for 11 days. I have been in the hospital for 11 days.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Burke

Signature of Grievance Coordinator

1/22/99

Date

Jim Smith, CTG162
 P.O. Box 777
 1130 Pike St
 Georgetown, Va 22165

Nov 22, 2000

Chief, Security Office
 Federal Bureau of Appeals
 Dept. of Corrections
 2530 Lehigh Rd
 P.O. Box 572
 Camp Hill, Pa 17001-0572

Re: Appeal from Decision no
 SM 1-413-00 dated 11-15-00
 Decision received 11-27-00
 Note signed by Mr. D. Banks
 11-27-00

Case's June 14, 2000 I was given a misconduct by C.O.
 I hyong for calling him a dick head, a F in
 dick head. After he acted as policy maker and
 denied me access to low library, stating he felt
 that I did not have such right, calling me a
 nigger. This comes after being granted

extended time by me Zuhent because of my work at the time. On June 16, 2000 Sgt Henry claimed it to be a threat to split C.C. Whypong head. What he told this officer is that C.C. Whypong, should check himself cause some day he is going to ~~move~~ with the right inmate and he will split the wig. It is not the one, and ordered C.C. Whypong to stop harassing me. The C.O repeated isolated policy and practice, by everyday going into my cell when one or my cellmate were not present, and you could tell cause this C.O body odor was present. And all request went to Mr. Harman, Crieder, Kisanis, and speaking to it about this C.O abuse of power must be addressed.

On June 16, 2000 I was given 30 days and on June 13, 2000 I was given 60 days for a housing threat by C.O. Henry. Sept 13, 2000 I was put on A.C status pending transfer, and on Oct. 12, 2000 there was no fault of my own I was placed on control unit. On 11-15-00 I was advised that Capt Henry found no reason for transfer at which time I should have been released from control unit to population. A. Zimmerman, P.E.C. Warden decided that placement in control unit there was no fault of my own. Oct 13, 2000 it was decided by staff to place me on this unit that is after 90 days D.C. time 30 day A.C. when released from A.C I should have population since they found adequate reason for transfer. And there has been given and explanation

why she being held on this unit. Poe has many records
showing that she has been held on this unit for a long time ~~and~~
in the same population that would warrant close supervision
and control.

DC-ADM 216 XIV Inmate Release

Inmate release is assigned through no fault of their
own and placement in control unit is not my fault
but it is a recommendation, since Capt. Glenn's investi-
gation showed no reason for transfer. Control
Unit is not AC. DC-ADM 803 and hope can staff at this
institution not so policy maker and enforce a standard
and practice not consistent with D.O. policy.
We get to find ADM Director for a control unit
let alone staff them with staff. Since it was staff
decision to place inmate on this unit. How could
staff blame this to be inmate's fault, when the
investigation showed no reason for transfer, and
inmate since has been given no ~~justified~~ reason
to support this placement or denial. Even in
C.I. I. S. had unit at page 14 - D. Jay Hargre
Page 20 (3) Removal from job. (4) Murders
and E. Reason for Not Compensating at (3) R.H.U. - AC
DC - FHC status. There is no listing for Control
Unit in the handbook on D.O. Plans
most dated 1994 to support this placement and
inmate's release.

For these reason and the attached copies or request idle & appeal since there is no standing D.O.C policy in hand. lost on S.C.I.S hand book that device inmate housed on control wait from getting idle pay. As supports any inmate to be given on such a merit without a legal explanation.

Request idle pay from Oct 12, 2000 forward

C.C

Respectfully Submitted
 Your Honor

DC-135A

of the Township

MAY - 1 AM 10:57

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

Staff Member's Assistant
Office

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Warden Gillis

2. DATE

4-28-01

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Kim Smith, CT9162

4. COUNSELOR'S NAME

Mr. Dunn

5. WORK ASSIGNMENT

u/a

6. QUARTERS ASSIGNMENT

RHU - H-106

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Appeal Insurance #025001

On Feb 29, 2001 my cable was not out on a cable contract approval on 2-30-01. Inform Mr. Dunn and Mr. Smith of such both came to cell and investigated claiming something was wrong with cable write on T.V. On March 6, 2001 at 4 PM I informed Mr. Dunn once again I did not have cable service and at 4:15 PM then Mr. Dunn my cable was out on seeking refund for cable service for 6 days and verification to business office from Dunn and Smith who both knew my cable was not out on. So what ever reason I was without service for 6 days and expect a refund as there was nothing wrong with T.V. or the wire, cable service was never out of.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

5mi-353-00

TO: GRIEVANCE COORDINATOR <i>Mr. Banks</i>	INSTITUTION <i>S.C.I.S</i>	DATE <i>9-26-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>H-2-32</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

at II-A-1 new RHU Policy is unconstitutional as Dale M. Morris Major of the Guard, & John A. Lowrey Deputy for Facility Management are not Policy makers for the D.O.C. and this is not a state wide policy, and to act as policy maker for the D.O.C. is an abuse of power and official oppression title 18 § 5301 (1)(d) as I'm not on death row, and this institution has no right enforcing such policy on me since I'm not under status of capital punishment. I'm a Federal protected and state protected right as well as a liberty interest to be free from this fear of punishment would be a clear showing of 9th amendment, discrimination, policy of Practice Due Process, Unjustifiable wanton infliction of emotional distress

B. Actions taken and staff you have contacted before submitting this grievance:

Major Morris Sgt Linnoff C. C. Lowrey Sgt Banks

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Banks

Signature of Grievance Coordinator

10/2/00

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

459751
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms K. Dascari	FACILITY: SCIC	DATE: 3-5-03
FROM: (INMATE NAME & NUMBER) Kim Smith CT0162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: U/A	HOUSING ASSIGNMENT: D-2-55	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 2-5-03 I was advised that 4 legal books were sent out in response to a pending petition. I have been suspended from leaving institution. Mr. Moore stated only 3 of the 4 will go out. Verification of business office. If they know go should have known of all for use in a case is not informed of all filings. The case could be dismissed. This act by business office deprives me of my rights. I have and directly denied access to the court. They know or should have known that this obstructs defense of case to the courts and official oppression, and civil rights violation. As the constitution states that all legal mail shall be sent. I have no response. Unresolved. If and when this decision determined and because of this act I have my pending habeas petition and will add staff account damages will be sought.

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Moore

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascari
Signature of Facility Grievance Coordinator

3/6/03
Date

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

45175
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms K. DASCARI	FACILITY: SIC	DATE: 3-5-03
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: U/A	HOUSING ASSIGNMENT: D-2-55	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 3-5-03, I was denied access to parole board to file my parole application. This act denies me my due process rights. I believe I knew or should have known that this act would deprive me consideration of my application and official approval under the color of law and other deprivations of constitutional rights.

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Rader
Parole Office

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. K. Dascari
Signature of Facility Grievance Coordinator

3/6/03
Date

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

2671

TO: GRIEVANCE COORDINATOR <i>K. Dascan</i>	INSTITUTION <i>SCIC</i>	DATE <i>8-29-01</i>
FROM: (Commitment Name & Number) <i>Kira Smith CT2162</i>	INMATE'S SIGNATURE <i>Kira Smith</i>	
WORK ASSIGNMENT <i>F/E</i>	QUARTERS ASSIGNMENT <i>D-2-11</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

As stated, since the prison, the inmate is not to spend the money for this trip. By official rules, we are not allowed to spend money. Inmates can only spend the money on food, clothing, and necessities. This right, and such more, are being deprived. I am writing to the committee, and asking for a legal review. When I was on my account from prison, it has repeatedly been said that we must not spend money. But we are being deprived the right to spend money. I will have on my account.

B. Actions taken and staff you have contacted before submitting this grievance:

Mr. Mosey, P.M. at, Business Office

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascan
Signature of Grievance Coordinator

8/31/01
Date

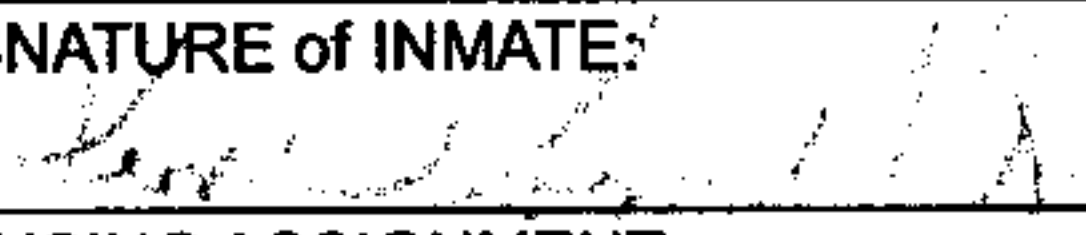
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

3891

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR K. DASCANI	FACILITY: SCIC	DATE: 9-14-01
FROM: (INMATE NAME & NUMBER) KIM SMITH	SIGNATURE of INMATE: 	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

NO WHERE IN THE CO-PAY POLICY DOES IT STATE INMATE WHO SIGN UP FOR SICK CALL TO GET MEDICATION RENEWED MUST PAY A \$21.00 CO -PAY FEE FOR CHRONIC MEDICATION MORROVER WHY SHOULD I HAVE TO KEEPING GOING BACK TO MEDICAL FOR THE SAME CONDICTION TO GET TREATED, AND NOW THE CLAIM OF MRS. SEWELL IS NOT OPPROPRIATE BY THE CO-PAY POLICY FOR THE RENEWING OF MEDICATION FOR CHRONIC CONDICTION. SO WHY AM I REPEATEDLY BEING SUBJECTED TO THIS ABUSE.... AND HAVE MY FUNDS TAKEN REPEATEDLY FOR A NON-CHARGEABLE FEE BY THIS POLICY. IS MRS. SEWELL ACTING AS A POLICY-MAKER FOR THE GOVERNMENT AND THE D.O.C. WHEN DEALING WITH THE CO-PAY POLICY AND THE CHARGING OF INMATES TO RENEW MEDICATIONS, WHEN THEY RUN OUT IS THIS NOT AN ABUSE OF THIS POLICY.

B. List actions taken and staff you have contacted, before submitting this grievance.

MRS. SEWELL, CHCA

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator

9/19/01

Date

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

10394
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MRS K DASCARI	FACILITY: SCIC	DATE: 12-25-01
FROM: (INMATE NAME & NUMBER) Kim Smith CT462	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

- 1 of 2
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 12-25-01 on med-line 4 Nurse Blouphage knowingly and intentionally denied me my Glyburide 10 mg. with a stated desire to cause death or bring me other harm. This nurse with deliberate indifference claimed Blouphage 500 mg was 10 mg Glyburide, and when to get both of these medication on med-line 4, when bringing this error to his attention he went on to claim that the Glyburide card was empty, if that was the case, I would not have gotten such on med-line 6 measures the exp date is 1-6-02 and on 12-6-01 a 30 day supply was ordered. Why is this nurse deliberately denying me my medication, the cause of this repeated act it may result in a severe health problem under the T.R.O. I will be filed and attempted murder charges will be sought because it has

B. List actions taken and staff you have contacted, before submitting this grievance.

Sgt Williams

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascari

Signature of Facility Grievance Coordinator

12/27/01

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

2910394

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MRS K DASCANI	FACILITY: SCIC	DATE: 12-25-01
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

happened more than once and expect it will continue, because of this nurse cutting my diabetic medication without authority or orders to do so has resulted in me suffering head aches high blood sugar and hinders me in controlling my diabetes, and puts me at risk for death during sleep.

B. List actions taken and staff you have contacted before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascani
Signature of Facility Grievance Coordinator

12/27/01
Date

DC-804
Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598**

FOR OFFICIAL USE ONLY

10065

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K. DASCAN</i>	FACILITY: <i>SCIE 6</i>	DATE: <i>12-15-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>F/S</i>	HOUSING ASSIGNMENT: <i>D-2-19</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

At med-line 4, Nurse Huber, knowingly and intentionally denied to give me prescribed medication by Dr on 12-14-01 he claimed medication was on order (order to not come in after 9 PM for medication to be here for med-line one) I was to get Algluride 10mg line 1 and 4, Buspar 15 mg line 4, Quisqual 150mg line 4, Glucophage 500 mg line 4, Lovoxyl 50 mg, when inquiring about medication, Huber stated it was in their, and only one 50 mg Quisqual ~~capsule~~ capsule and all the rest was crushed into a powder that it was hard to determine if I got correct medication and Huber is doing such knowingly and intentionally with deliberate indifference, acted as a Dr by

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K + Laocao

Signature of Facility Grievance Coordinator

12/20/01

Date _____

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

1NA02A9

GRIEVANCE NO.

2919065

TO: GRIEVANCE COORDINATOR K DASCANI	INSTITUTION SCIC	DATE 12-15-01
FROM: (Commitment Name & Number) Kim Smith CT2162	INMATE'S SIGNATURE Kim Smith	
WORK ASSIGNMENT F/S	QUARTERS ASSIGNMENT D-2-19	

2 of 2

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

the taking of prescribed medication without know-
ledge or authority to do so. He acted in his individual
capacity and because of his act I fear for my safety
and health care. He has went on to make a false
claim that I pocketed, even after I showed C.O. on
duty I did in fact take medication. A T.R.O.
will be filed against this person and institution
as I feel this is act of rebellion against
me for pending claim. And medication should
not be crushed to powder. Problem solved
let inmate self medicate.
If made fall on floor as claim, should not stop staff from journey
required down

B. Actions taken and staff you have contacted before submitting this grievance:

Capt. Smith, C.O. at med-line window
on 12-15-01 at 8:37 PM.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascani
Signature of Grievance Coordinator

12/20/01
Date

DC-ADM 804, Inmate Grievance System
DC-804
Part 3

Attachment C
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI Coal Township

19

DATE: August 9, 2001

SUBJECT: Grievance Rejection Form

TO: Kim Smith, CT-2162

D-2-19

FROM:

K K Dascani

Kandis K. Dascani
Corrections Superintendent's Assistant

FOR OFFICIAL USE ONLY

1082

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System.

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. Other policies not applicable to DC-ADM 804
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☒ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
I suggest that you contact Mr. Sommers in reference to your complaint.
10. ☐ You are currently under grievance restriction. You may not file any grievances until .
Date
11. ☐ Grievance involves matters that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has/have been reviewed and addressed previously.

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598

CAMP HILL, PA 17001-1598

FOR OFFICIAL USE ONLY

1082

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Kanbis Das Cani	FACILITY: Superintendent's Assistant Office S.C.I.C	DATE: 8-4-01
FROM: (INMATE NAME & NUMBER) Kim Smith	SIGNATURE of INMATE:	
WORK ASSIGNMENT: u/a	HOUSING ASSIGNMENT: D-2-19	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. <p>Since April 18, 2001 I have repeatedly saw moneys taken off my account for one thing or another that I did not have or see or use. This act has happened a number of times and I'm dissatisfied at what I'm being told as my funds continually are being taken and my records shows that I'm missing some \$ 20.00 or more since April 2001 as this is becoming a problem and depriving me my personally needs. For pay period I was give allowance when released from RHU. for the period of 5-16-01 t o 6-16-01 soince it is the claim of staff that I must wait some 30 or more days why was I given allowance in the first place. And since I was given such on this pay period it should have continued, and in as much if this is to be in affect then I should have started allowance on July 2, 2001 my release date from RHU was June 2, 2001 and 30 days makes it July 2, 2001 not what I'm being told. I'm in hopes this error can be cXXXXXXXXX corrected and I get a reply in a timely manner in copliance with D.O.C. policy.</p>		
B. List actions taken and staff you have contacted, before submitting this grievance. <p>McCloskey, M0ser, Business OfFice</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator

8/9/01

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

PERSONNEL USE ONLY

1082

STANDARD NUMBER

DATE

8-4-01

8-3-19

I hereby certify that the above is a true and correct copy of the original.

I have reported my name taken off my assignment for another that I did not have or was not assigned to a number of times and I'm dissatisfied at what I'm being told. I have been told that my records show that I was on duty from 3:30 PM to 4:00 PM April 1991 on this is because I was not assigned to my personal needs. For the period of 4-1-91 to 4-15-91 because it is the claim of staff that I was on duty for 30 or more days why was I given allowance in the period of 4-1-91 to 4-15-91 and when I was given such on this was period it was not given to me and it is an error if this is to be in effect I was given allowance on July 2, 1991 or release date from 7-2-91 to 7-15-91 and 30 days ending in July 2, 1991 but what I was told is I'm in error this error was in allowance corrected and I got a reply in a letter in compliance with D.O.C. policy.

K.K. Dugan

Signature of Facility Director or Designee

8/9/01

Date

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

SS

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.


39040

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Kim Smith, CT-2162	SCI Coal Township	D-2-19	12/16/02

The following is a summary of my findings regarding your grievance:

We have court orders directing us to take 20% of any monies deposited to your account to satisfy your obligations. On December 16th we charged your account \$29.76, not \$18.76. 20% of the \$148.80 is \$29.76. There were no errors.

cc: Superintendent Gillis
Mrs. Dascani
Mr. Brown
Mr. Smith
DC-15
File

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
William Voekler, Bus. Mgr.		1/3/03

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

39040
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Mr. Dascone</i>	FACILITY: <i>SCIC</i>	DATE: <i>12-16-02</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT 2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>F/S</i>	HOUSING ASSIGNMENT: <i>D-2-19</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 11-11-02 or about that date filing fee for civil action 1:01-0817 was paid with 0 balance. (See attached) so why has the business office taken \$18.76 claiming filing fee. And why is there coincident error on my account, why is this taking place. Because of this act I'm being prohibited from making an outside purchase

<i>MPFS 58.80</i>	<i>- 10.36 call</i>	
<i>M/O 35.00</i>	<i>- 6.00 MD co-pay</i>	
<i>M/O 35.00</i>	<i>- 10.00 postage</i>	
<i>M/O 20.00</i>	<i>- 7.00 copies</i>	
<i>Total 148.40</i>	<i>- 70.00 Com</i>	<i>Balance 44.04</i>
	<i>104.36</i>	<i>net 27.00</i>

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Moore / Westside area Lt. Business office Federal Judge Caldwell

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised

December 2000

DC-ADM 804. Inmate Grievance SystemDC-804
Part 3**55****Attachment C
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI Coal Township****DATE:**Feb 14, 2003**SUBJECT:**

Grievance Rejection Form

TO:Kim Smith CT 2162
D-255**FROM:**K K Dascani
KANDIS K. DASCANI
Facility Grievance Coordinator

FOR OFFICIAL USE ONLY

44157

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ☐ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. ☐ Block B must be completed, as per Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You are limited to one grievance each 10 working days. You filed grievance # _____ on _____ Date _____.
11. ☐ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☒ The issue(s) presented on the attached grievance has been reviewed and addressed previously. Was previously addressed in grievance #42421

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

44157

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms K. Dascanni	FACILITY: SCIC	DATE: 2-7-03
FROM: (INMATE NAME & NUMBER) Kim Smith CT 162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: U/A	HOUSING ASSIGNMENT: D-2-55	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 1-31-03 I was denied legal copies of transcripts to file with a reply to report and recommendation Mr. Becker cited DC-ADM 804 D-1 (i) indigent inmates can copy grievance appeal information. If this is true then this policy is denying me adequate access to the courts. As Mr. Becker knew or he should have known, that if all the request papers are not attached to filing or pleading the case maybe dismissed, and to deny me legal copies, is like denying me access to the court. He knowingly and intentionally denied me legal copies in a form of retaliatory act for pending case against this institution. With deliberate indifference, he claim a DC-ADM policy that if it were true would deny access to court. I believe this is a discriminatory act act to deprive that is knowingly and intentional being done. Injurious punitive, compensatory damages will be sought.

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Moser, Mr. Becker

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised
December 2000

.DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001


OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

NO.

GRIEVANCE

0342-01

TO: Kim Smith, CT-2162	FACILITY SCI-Coal Township	HOUSING LOCATION H-106	GRIEVANCE DATE 4-25-01
<p>The following is a summary of my findings regarding your grievance:</p> <p>Mr. Smith,</p> <p>After careful review of your medical chart and after speaking with Dr. McGlaughlin and the nurses you have named here this morning, (4-30-01), please allow me to share the following:</p> <p>On 4-17-01, Dr. Adamson spoke with you at length regarding your diabetes and you were satisfied with this discussion.</p> <p>Today, 4-30-01, Dr. McGlaughlin saw you in RHU. He has started you on another medication. You will have fasting Accu check in one week.</p> <p>Mr. Smith, I can only tell you that the Medical Department Staff here at SCI-Coal Township, have no intention of mistreating anyone. You are being treated appropriately and we will continue to take care of your medical needs.</p> <p>WJS/mp</p> <p>CC: Kandis Dascani, Superintendent's Assistant Inmate Records, DC-15 Unit Manager File</p>			
Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER		DATE
Wilma J. Sewell			4.30.01
Health Care Administrator			

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
814-643-6520
March 13, 2000

SUBJECT: APPEAL TO GRIEVANCE # SMI-063-00

TO: Kim Smith, CT2162
F Block

FROM: 
James M. Morgan, Superintendent

This is in response to the above-mentioned grievance wherein you contend that you should be permitted to place an outside purchase order for art supplies. In the initial response, Ms. Burks explained to you in great detail our procedure for permitting inmates to order art supplies. She denied your grievance based on your institutional adjustment.

I support her findings in that the ordering of art supplies is considered a privilege to be granted at the discretion of the institution. The fact that you were denied approval does not violate any rights you think you may have. I support the decision of staff, and your grievance is denied.

JMM/lgh

cc: Ms. Burks
DC-15
File

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
November 2, 2000

SUBJECT: Appeal of Inmate Grievance #SMI-353-00

TO: Kim Smith, CT-2162
H/2

FROM:


James M. Morgan
Superintendent

The following is in response to your appeal dated October 5, 2000, received on October 10, 2000, of the grievance officer's response to you with reference to the above noted inmate grievance. After review of your original grievance and your appeal, and the response provided by Major Norris, please be advised that your appeal is denied and the findings of the grievance officer are sustained in full.

JMM:ACB:sdw

cc: Deputies (2)
Major Norris
Mrs. Burks
DC-15
File

Handwritten initials or mark

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

5m1-032-01

TO: GRIEVANCE COORDINATOR <i>S. Burke</i>	INSTITUTION <i>SCIS</i>	DATE <i>1-05-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>H-B-13</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 1-04-00 I was told by Mr. Hannah that CHCA G. Weasner stated I refused to use C-Pap device 7 times I did not. On 1-03-01 me and Mr. Pulmiller went over medical chart and there was no evidence that I refused such. In June 2000 this device was taken from my property as well as a knee sleeve, and back brace. At that time Weasner stated to contact him if I needed the device, all request since then have not been addressed and he is now denying me this health care, since I never refused such, and cells on J + H Blocks do not have power to use device as well as an extension cord to safely use the device.

B. Actions taken and staff you have contacted before submitting this grievance:

Dr. Long; Lt. Lear; S. Weasner; C.O. Long
A. Zimmerman; C.O. Sequel; Mr. Hannah

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Burke

Signature of Grievance Coordinator

1/5/01

Date

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

413
5mi-~~413~~-00

TO: GRIEVANCE COORDINATOR <i>Ma Barker</i>	INSTITUTION <i>SCIS</i>	DATE <i>11-10-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT 9162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>E-A-39</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I have been advised that I can not get ideal pay because I am on control unit. I throw no fault of my own. A. Zimmerman determined the denial of transfer and this placement claiming I would not cooperate, and inform her of my intent towards C.T. Whyang. I told her I intended to see him, and it appearing not to be good enough for her standard or expectation of this issue and throw no fault of my own for being denied ideal pay, due no control over staff's opinionated determination, and being held in a unit based on their determination, it would appear not to be my fault ideal pay is being asked from Sept 12, 2000 to this date and forward. This confinement on Control Unit is not my fault and I am being denied ideal pay.

B. Actions taken and staff you have contacted before submitting this grievance:

Rivarino, A. Zimmerman, Heister, Employment Office

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Barker

11/15/00

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001


OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

GRIEVANCE

28714

NO.

TO: Kim Smith, CT-2162	FACILITY SCI-Coal Township	HOUSING LOCATION D-2-19	GRIEVANCE DATE 8-20-02
<p>The following is a summary of my findings regarding your grievance:</p> <p>Mr. Smith,</p> <p>I reviewed your medical file and found that on August 20, 2002, you were evaluated for a complaint of swelling and numbness in your hands. You also complained of a fungal infection on your feet. You did not mention anything about your Achilles tendon during that visit. According to the documentation in your medical chart, your exam was essentially negative for swelling and you had excellent reflexes and grips in both of your hands. You were appropriately treated for the fungal infection. You were instructed to seek medical care again should you develop actual swelling or a change in your condition.</p> <p>Mr. Smith, when you seek the advice of a clinician, it is important for you to trust and respect that opinion. It will not always be exactly what you request. In the eyes of the trained and competent clinician, there was no other treatment necessary. When a patient is diabetic, it is a better practice to limit additional medications when they are not clinically indicated. Frequently, changes in medication can cause blood sugars to fluctuate, which could lead to life threatening complications for a diabetic. As the PA advised, you should sign for sick call if you continue to have health concerns.</p> <p>WJS/mp</p> <p>CC: Kandis Dascani, Superintendent Assistant Inmate Records, DC-15 Unit Manager File</p>			
Print Name and Title of Grievance Officer Wilma J. Sewell Health Care Administrator	SIGNATURE OF GRIEVANCE OFFICER 		DATE 9-6-02

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

28714

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

02 AUG 22 PM 12:53

TO: FACILITY GRIEVANCE COORDINATOR K. DASCANI	FACILITY: SCIC	DATE: 8-20-02
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: F/S	HOUSING ASSIGNMENT: D-2-19	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 8-20-02 I went to sick call to have numbness in both hand, pain in hands and some swelling and pain in ankles tendons and back of feet. Pa. stated there was no course of action or treatment to be given. That if this condition doesn't return to sick call. Why should I have to return to sick call a number of times before this condition is adequately. The Pa. also went on to state the condition was arthritis, or diabetes related. How could this Pa. make such a statement without first investigating the reason or cause for the numbness and pain in hands and feet. It is because of this kind of claimed medical treatment I have a claim in federal court.

B. List actions taken and staff you have contacted, before submitting this grievance.

Pa. on 8-20-02 at 9:40 A.M.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. Dascani
Signature of Facility Grievance Coordinator

8/22/02
Date

WHITE - Facility Grievance Coordinator Copy CANARY - File Copy PINK - Action Return Copy GOLDENROD - Inmate Copy

Revised

DC-135A

A-39

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr. G. Weaver

2. DATE

3-22-98

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Linn Smith, CT2162

4. COUNSELOR'S NAME

McCauley

5. WORK ASSIGNMENT

Kitchener

6. QUARTERS ASSIGNMENT

I-A-39

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: In regards to Oct 14 of 1995 apprehended July 1995 for DNA testing by the State Police, and finger printing and photo. I was convicted by plea March of 1995 and the 60 day period by which I did not fall in the category. And I rec'd being advised that I must submit to this act thru threat of misconduct and being placed in the hole. Sir, understand that in the future of the DNA testing cause my name to be slandered in a way upon my release. You and the parties who names have been sent to legal counsel will be held liable. I do not fit into any standards of

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Oct 14, 1995 was I ever convicted of a sex crime. I was convicted murder 3 March 1995 but that was before the enactment of the above statute. In future I would advise that your staff and other members give the facts before they compose reports under false pretenses, ~~that~~ not of assembly that does not apply to certain inmates. Conviction time started May 1990 and well outside of this act. I request that you do what you must to have this inmates DNA testing removed. Or upon advice of counsel legal action will be taken.

Thank you

Mr. Smith, Mr. Weaver and the medical department have no influence over this. Our only role in this is the drawing of the blood. Talk to your counselor

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

24 MAR 1998

STAFF MEMBER

K. Allen, C III 3-24-98

DATE

A-39

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Medical Department Mr. Cleaves

2. DATE

4-28-98

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Jim Smith CT 2162

4. COUNSELOR'S NAME

McCueley

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

I-A-39

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

On 4-27-98 I put in sick call slip for either a muscle pull or tear in right thigh. I layed in cell until 1:30 on 4-28-98 and was not called. according to Sgt. Mann, Bennett, and McCueley my name was not on the sick call slip, and I do not see why it should not have been. When one put in sick call slip, they are to lay in and be called the next day. Could you please tell me why I was not called.

Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Could you please tell why I was not on sick call on 4-28-98

Mr. Smith,

You were seen on sick call on 4-29-98 for this problem. Your slip was picked up on 4-28-98 in the evening.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen R.N. C III 4-29-98

DATE

3

Mr. Smith,

You should sign up for sick call to access health care.

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

21 APR 1998

STAFF MEMBER

K. Allen RN, CIII 4-21-98

DATE

5A

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Mr. Cleaver Medical Dept</i>		2. DATE <i>4-17-98</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Mr. Smith CT 2162</i>		4. COUNSELOR'S NAME <i>Mr. Cleaver</i>
5. WORK ASSIGNMENT <i>Fitcher</i>	6. QUARTERS ASSIGNMENT <i>I-A-39</i>	

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

*Sir: I requested to go over preliminary testing with
Russ Allen, who advised me he has nothing
to go over. I would like to review my medical
chart and preliminary testing to see if I have
an asthma related disorder, and also the cause
of sleep apnea, and my treatment that maybe
both could correct this problem. Please advise
me of any action you may take in this matter*

Thank you

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Smith,

*I discussed your request with Dr. Long and ^{he} recommends
that you wait until the therapeutic CPAP study is done.
This was suggested by Dr. Zlupko M.D and Dr. Long ordered
it. Until all the testing has been completed, there is no
conclusive information for you.*

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen RN, C III 4-20-98

DATE

5A

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Mr. Leonard Medical</i>		2. DATE <i>4-17-98</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Sam Smith CT 7162</i>		4. COUNSELOR'S NAME <i>MC Craley</i>
5. WORK ASSIGNMENT <i>Kitchen</i>	6. QUARTERS ASSIGNMENT <i>I-A-39</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <p><i>Sir: I have a number of issues I'd like to address to you. I, my last T.B. test turned out I had a reaction. I'm not sure if it was the T.B. test or that part of it was injected in a vein, I got cramps, the runs, and a funny taste in my mouth after being injected. And due to this reaction I do not wish to be injected with T.B. solution again. I was informed if I refuse I will be placed in R#16. I refuse. How can you expect me to take something that I feel is harmful to me and I had a reaction to. Thank you</i></p>		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		

Mr. Smith,

Please do not write any more requests regarding T.B. testing. This is not an issue at this time.

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen R.N.C.III *4-20-98*

DATE

A-39

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Medical Dept K. Allen RN, C III

2. DATE

4-10-98

3. BY: (INSTITUTIONAL NAME AND NUMBER)

K. Allen Smith, C T 2142

4. COUNSELOR'S NAME

McCauley

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

I-4-39

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

My interaction with Mrs. Rupert was the issue of having TB solution injected into a vein. It is my constitutional right to refuse any medical treatment in which I feel harmful to me. In no way will I subject myself to be injected with a solution that makes me feel gross, me cramps the runs and makes me have chills and ~~nausea~~ as for a week. I do not have any concern about D.O.C. Policy, and if I do not wish to ^{wait till} meet you to deal with this let's get it taken care of now. And if you place me in restricted housing because of refusal, you are violating my constitutional rights. As was you with the violating my constitutional rights.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Read explanation me to 5th person about violation, for refusing medical treatment. It is my constitutional right to refuse any medical treatment, and not be punished for such. We should deal with it now.

Thank you

Mr. Smith,

At the present time there is nothing I am aware of that "We should deal with"

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen RN, C III 4-14-98

DATE

A-39

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Medical Dept Lottery Allen Pa

2. DATE

4-3-98

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Jim Smith CT 2162

4. COUNSELOR'S NAME

McCueley

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

I-A-39

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Mrs. I'm writing you due to a reaction of ptd. hrt when given TB testing on 4-1-98. After injected I got a watery mouth, with a funny taste, and cramps, and the nurse and since the test was ptd. all. I have not taken any medication that would cause this reaction. I would not like to take this test in the future. Since I feel the reaction I had was due to the T.B. substance injected. Almost the same as Betanin, except it did not smell.

Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Smith,

As you know, I observed your interaction with Mrs. Rupert in the medical corridor today. The response she gave you is the one I will repeat. Yearly TB testing is mandatory by D.O.C. Policy. Next year, if you chose to refuse the test, you will be placed in restricted housing. We will deal with that when the time comes.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen R.N.C.III 4-3-98

DATE

19

Received
SCI Coal Township

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS	
Superintendent's Assistant Office		Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) K. Dascani	2. Date: 8-4-01		
3. By: (Print Inmate Name and Number) Kim Smith CT-2162 <i>Kim Smith</i> Inmate Signature	4. Counselor's Name Mr. Moser		
	5. Unit Manager's Name Mr. Smith		
6. Work Assignment u/a	7. Housing Assignment XXXXXX D-2-19 XXXXXX		
8. Subject: State your request completely but briefly. Give details.			
I'm seeking to know the status of my July 4, 2001 grievance filed and the status of any and all grievances filed in your office so an appeal can be taken in a timely manner to meet D.O.C. policy for grievances that I have filed and would need to appeal, as I feel and believe your office will not give any rythme to my complaints and you are willing to support the abuses I have endured			
Thank you			
9. Response: (This Section for Staff Response Only)			
Attached is a copy of grievance #0555-01 you reference in your request. In reference to your requests for copies of all grievances filed in my office, you need to be more specific. As grievances are responded to inmates are sent copies. Therefore you should have your responses.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

K. Dascani
PrintK. Dascani
Sign

Date

8/6/01

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Mr. Sewell

2. Date:

2-25-01

3. By: (Print Inmate Name and Number)

Kim Smith CT2162

4. Counselor's Name

Mr. Dunn

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-02

8. Subject: State your request completely but briefly. Give details.

On 2-25-01 I put in 6 pick call slips and was denied treatment and Dr assistant told me to pick one or two as he seen for none. Then ordered me to leave. Then come after requesting to see you. Then I was threaten with a misconduct for seeking adequate health care. I only complied with your reply to my grievance and signed up for pick call and was denied to be seen.

I would like to know why this abuse is consistent with your staff. I'd also would like the complete range and address of Dr assistant working this day at 9:30 A.M. as well as the two how many super. I also condoned this abuse and co-signed if I didn't leave they would be part of issuing a misconduct. Because of this threat and denial of health care I fax it in that that paper was get started for transfer.

9. Response: (This Section for Staff Response Only)

Mr. Smith,

After speaking with med. staff, you were not denied treatment, but you were dismissed from the medical department because of your conduct.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

W.J. Sewell

Sign

Date

2-28-01

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Dr Long</i>	2. Date: <i>1-3-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2162</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>R Zimmerman</i> 5. Unit Manager's Name <i>Ms Hannan</i>
6. Work Assignment <i>N/A</i>	7. Housing Assignment <i>H-B-13</i>
8. Subject: State your request completely but briefly. Give details. <i>① Test for asbestos related illnesses; ② treatment for osteo- porosis porosis mild arthritis and bone spurs right shoulder and a bone density test ③ request to see the specialist for diabetes ④ low back pain ⑤ sores on skin need cream, request to see skin Dr. ⑥ dry fungus feet need cream, request to see foot Dr. ⑦ request to have C-Pap device returned to me as I'm still having problems breathing when I sleep. Another blanket and left shoe sleeve Would you please address these issues ASAP, some of these things have been going on for 5 years and have not cleared up or have I been granted the right to see specialist. CC-1-3-01</i>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) C.H.C. A. G. WEAVER		2. Date: 1-03-01	
3. By: (Print Inmate Name and Number) Kim Smith CT2162 Kim Smith Inmate Signature		4. Counselor's Name A. Gurnesman	
		5. Unit Manager's Name Ms Hannah	
6. Work Assignment N/A		7. Housing Assignment H-B-13	
8. Subject: State your request completely but briefly. Give details. Sir at present I'm having problem breathing and I would like to have C-Pap device during sleep I'm being told I can not have such, which I feel is denying me my health care Diabetic testing for related illnesses ⑤ treatment for osteoporosis bone spurs, mild arthritis and bone density test ③ see specialist for diabetes ④ see for low back pain ⑤ skin Dr for sores on skin ⑥ foot Dr for dry fungus feet ⑦ C-Pap ⑧ another blanket left knee sleeves CC-1-3-01			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____ Date _____
Print Sign

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Dr McLaughlin Med. Director</i>	2. Date: <i>7-24-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT 2162</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>Mr Broser</i> 5. Unit Manager's Name <i>Mr Smith</i>
6. Work Assignment <i>W/A</i>	7. Housing Assignment <i>D-2-19</i>
8. Subject: State your request completely but briefly. Give details. <i>Sir: Have you reviewed medical record to give me use of C-Pap device, for my apnea. As it is at S.C.I.S. there was no power in R.H.U. cells for the use of this device. And at no time did I refuse such use. I'm still having breathing problems during sleep.</i> <i>Thank You</i> <i>Proof of Success</i> <i>Sent to the below postee or department on 7-24-01</i> <i>Medical Department SCIC</i> <i>Janice Dugan</i> <i>Kim Smith</i>	
9. Response: (This Section for Staff Response Only) <i>REVIEW OF YOUR CHART NOTES THAT YOU HAD NOT USED THE C-PAP FOR NEARLY 1 YEAR WHILE MONITORED AT SMITHFIELD. SEVERAL SIGNED REFUSALS BY YOU ARE FOUND IN YOUR RECORD. A LONG CLEARLY DOCUMENTED ON 11/01 "SIC C-PAP - PATIENT HAS BEEN NON-COMPLIANT AND OBVIOUSLY DOES NOT NEED."</i> <i>NO CLINICAL OR SYMPTOMATIC EVIDENCE OF YOUR NEED FOR C-PAP.</i> To DC-14 CAR only <input type="checkbox"/> <i>ALL IS NEEDED</i> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

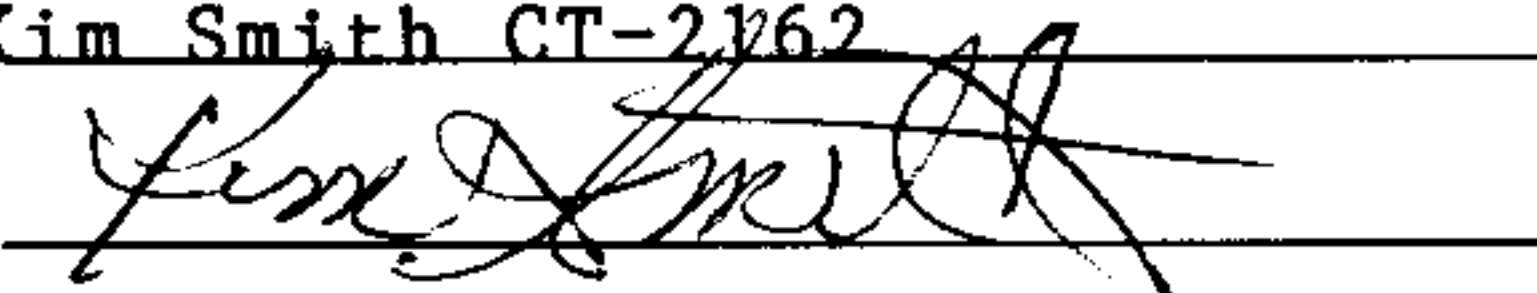
Shawn McGlaughlin, M.D.

Staff Member Name


Print

Sign

Date

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Dr. McGluaghlin		2. Date: 8-6-01	
3. By: (Print Inmate Name and Number) Kim Smith CT-2162  Inmate Signature		4. Counselor's Name Mr. Moser	
		5. Unit Manager's Name Mr. Smith	
6. Work Assignment u/a		7. Housing Assignment D-2-19	
8. Subject: State your request completely but briefly. Give details. <p>Sir : Could you please provide me with a copy of this institutional policy that states an inmate with sleep apnea can not be treated as you stated when I last saw you, and then you went on to state that their is only one inmate who has this C-pap device. If I'm under standing you correctly you have no intention to treat my condition and your basing your decision on Dr. Long statment. If you can not produce a sign refusal form signed by me then I feel you have not legal standing for refusing to treat. Even if I did refuse such I have since requested its use because I'm having breathing problems during my sleep since being in this institution. And You know or you should have known that failure to treat this condition can put me at risk for serious health problem and even death, and your refusal to treat this condiction is denying me health care. You can not base you decision on Dr. Long as I'm no loner under his care it is your care that I'm under.</p> <p>THANK YOU</p>			
9. Response: (This Section for Staff Response Only)			
<p>REVIEW OF YOUR STAFF DOES NOT INDICATE DOCUMENTATION OF NEED FOR A C-PAP MACHINE AND FURTHER INDICATES THAT WHEN OFFERED TO YOU YOU REFUSED TO USE IT ON NOT 1 BUT 3 OCCASIONS. DR. LONG CLEARLY STATES (1/15/01) THAT "IT IS NOT INDICATED" NO SYMPTOMS TO THIS POINT DURING YOUR INCARCERATION AT COAL TOWNSHIP INDICATES OTHERWISE. THANK YOU!</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name SHAWN P. McGLAUGHLIN, MD
 Print


 Sign

Date 8/6/01

A 29

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>A. Zimmerman</u>		2. Date: <u>11-31-00</u>	
3. By: (Print Inmate Name and Number) <u>Kim Smith CT2162</u> <u>Kim Smith</u> Inmate Signature		4. Counselor's Name <u>A. Zimmerman</u>	
		5. Unit Manager's Name <u>Hester</u>	
6. Work Assignment <u>N/A</u>		7. Housing Assignment <u>E-A-29</u>	
8. Subject: State your request completely but briefly. Give details. <u>In Sept you told me the Hester approved transfer, and you were processing the paper. In a Oct 24 letter from Donald Williamson Bureau of Inmate Services Camp Hill, advised me that he got no paper work on this matter. Why have you lied to me or played these serious head game, and violate 3th amendment rights by holding me in A/C status 30 days and C/U for 30 days and impose on me this kind of punishment based on a false claim of a pending transfer. Please correct this matter and inform me.</u>			
9. Response: (This Section for Staff Response Only) <u>On 9/30/00, I spoke to you at your cell in J Block. When I informed you that you would be placed on A.C. Status pending approval for transfer, you denied there was a need for transfer. You stated that you have no problem with Officer Wysong, never did have a problem with Wysong and only threatened Wysong to get a transfer which you no longer wanted. You were given ample opportunity to discuss this issue but you refused to verbalize your intentions regarding Officer Wysong. It is understood that you want to be transferred. However, a transfer to separate you from Officer Wysong is not being considered.</u>			
To DC-14 CAR only <input checked="" type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/> (over)	

Staff Member Name Ms. Zimmerman / Ms. Zimmerman Date 11/2/00
 Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr. H. Zimmerman</i>		2. Date: <i>10-14-00</i>	
3. By: (Print Inmate Name and Number) <i>Lon Smith CT2162</i> <i>Lon Smith</i> Inmate Signature		4. Counselor's Name <i>A Zimmerman</i>	
		5. Unit Manager's Name <i>Mr. Blamack</i>	
6. Work Assignment <i>N/A</i>		7. Housing Assignment <i>E-A-29</i>	
8. Subject: State your request completely but briefly. Give details. <i>Ally was my knee brace, back brace and C-Pop device taken from my property. Could it please have them returned.</i> <i>Also my eye glasses were turned into F block officers but was never put in my property how can I get them replaced or whom should I contact about this matter</i>			
9. Response: (This Section for Staff Response Only) <i>Mr. Smith,</i> <i>You must take these issues up with Security. You have no medical orders to discontinue these</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name *Zimmerman* , *H Zimmerman* Date *10/17/00*
 Print Sign

A29

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Deputy Biviano</u>		2. Date: <u>11-31-00</u>	
3. By: (Print Inmate Name and Number) <u>Kim Smith CT2160</u> <u>Kim Smith</u> Inmate Signature		4. Counselor's Name <u>A Zimmerman</u>	
		5. Unit Manager's Name <u>Hosniak/Hester</u>	
6. Work Assignment <u>N/A</u>		7. Housing Assignment <u>E-A-29</u>	
8. Subject: State your request completely but briefly. Give details. <u>He on Sept 12, 2000 (A Zimmerman) advised me that Mr. Hosniak</u> <u>on 10/24/00</u> <u>approved a transfer and A Zimmerman, was to process such</u> <u>PRC also advised a transfer. According to Ronald Williamson</u> <u>Bureau of Inmate Service, has advised me he has not gotten any</u> <u>paper work in the Oct 24, 2000 letter. Could you please</u> <u>tell me why I'm being held on control units, and placed</u> <u>in A/C if transfer papers are not being processed, and why</u> <u>I'm being held to about such. Please contact and inform me</u>			
9. Response: (This Section for Staff Response Only) <u>Kim Pap. Hawley supervises Unit staff, I</u> <u>do not. If you have concerns re: the actions</u> <u>of your counselor and Unit Manager, that you</u> <u>contact work out with them 1st Pap.</u> <u>Hawley would be your next contact.</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

cc: Pap. Hawley

Staff Member Name

ANTHONY BIVIANO
Print

Sign

Date

11/2/00

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

G. Weaver

2. DATE

7-16-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Kim Smith CT2162

4. COUNSELOR'S NAME

Crisler

5. WORK ASSIGNMENT

N/A

6. QUARTERS ASSIGNMENT

J-A-07

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: I'm in the hab and have been unable to obtain the C-Pap device since June 14 when I came to hab, I see a need that I must use this device during sleep I also need a extension cord. Could you please help me obtain this.

Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Smith,
The use of extension cords in the BHU is a security issue. Please direct this request to them.

THE EXTENSION CORD IS NOT REQUIRED FOR YOU TO USE THE MACHINE... IF YOU WILL USE THE C-PAP WITHOUT AN EXTENSION CORD... WRITE TO ME AGAIN.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 II

STAFF MEMBER

George Weaver, C.H.C.A.

DATE

7/11/00

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

EX A-1

1. TO: (NAME AND TITLE OF OFFICER)

K. Allen RN.

2. DATE

1-20-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Kane Smith CT2162

4. COUNSELOR'S NAME

Oguslok

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

F-B-43

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

On 1-19-99 I was refused dressing by you stating it was a security issue. Why was I not told this on 1-8-99 instead of 2 weeks later. Since I'm being refused such then the responsibility falls on your nurses to change dressing, when ever it is full of drainage and you won't contact my work supervisor, because during work the dressing needs change. I was changing this dressing at least 5 times a day because of the drainage. Please let me know if you refuse to comply with this request. This full of mental abuse has grown tired. I feel I do not have the knowledge to change dressing and such should be done by health care professionals at least 5 times a day or until dressing stops, or give me the pain pills Dr. Hardesty was going to order and say me I feel at this time going to work will appreciate this great answer.

Thank You

Mr. Smith,

I do not disagree that a nurse should be doing your dressing change and assessing the progress or lack of it - as far as your wound healing goes. The physician is the authority on your care and must order treatments to be done according to his or her medical judgement. Dr. Hardesty wrote no specific recommendations for you, the PA-C wrote change gauze to wound area at least TID for 2 weeks. I will put you on the nurse line call out three times a day. If you are in pain, you should be coming on sick call to have it evaluated.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

K. Allen RN

1-22-99

DATE

DC-135A

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

INMATE'S REQUEST TO STAFF MEMBER**INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) <i>Pat Hayes</i>		2. DATE <i>1-14-99</i>
3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>Ken Smith LT 2162</i>		4. COUNSELOR'S NAME <i>Ogershak</i>
5. WORK ASSIGNMENT <i>Fitcher</i>	6. QUARTERS ASSIGNMENT <i>F-B-42</i>	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <p><i>Since Dr. Long has destroyed my last personal request to him in my presence, and what I was told I must question. Has the C-Tap been ordered as I was told on 1-14-99. I am become very doubtful on this matter, since what is being talked about between me and this Dr. Corner is a totally different form when talking to Counselor Ogershak and since requests were destroyed in my presence I am not trusting of this health care personnel. I see the destruction of request slips is not a working procedure of the D.O.C. Could you please tell me if the C-Tap was ordered, and when.</i></p> <p align="right"><i>Thank You</i></p>		
8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)		

Refer to the response on request to Mr. Weaver.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

*K. Allen RSC**1-15-99*

DATE

②2/4/99

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

E7 A-3

1. TO: (NAME AND TITLE OF OFFICER)

Weyford Health Care

2. DATE

2-3-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Linn Smith CT 2162

4. COUNSELOR'S NAME

Ogden

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

I-B-42

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Sir: Dr. Long advised me that a C-PAP was ordered for me and it has been over 90 days since I was approved for this treatment, and from my view I do not see this treatment going forward. And the manner in which my medical problems were treated in the past, has not too trusting of what I've being told by the medical Dept. I pray that you apply your attention to this matter so as I get treated.

Thank you

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Smith,

Your CPAP has been approved and the arrangements to determine dosage and administration are being made

To George Weaver 2/5/99

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

George Weaver, C.H.C.A.

DATE

2/4

Form DC-138A INMATE REQUEST TO STAFF MEMBER MEDICAL DEPT. RECEIVED COAL TOWNSHIP MAR 17 AM 10:43		Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Medical Records</i>		2. Date: <i>3-14-03</i>	
3. By: (Print Inmate Name and Number) <i>Kim [REDACTED] Smith CT2162</i> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>Mr. Maser</i>	
6. Work Assignment <i>N/A</i>		5. Unit Manager's Name <i>Mr. Smith</i>	
7. Housing Assignment <i>D-2-55</i>			
8. Subject: State your request completely but briefly. Give details. <i>Could you please let me see, or tell me how to obtain a copy of my blood test from Sept 2000 to Sept 2001, and advise me of the process to have these documents sent to Court. Also could you please tell me when and if I will be able to obtain or see such</i>			
9. Response: (This Section for Staff Response Only) <i>Mr. Smith ~</i> <i>Why do you wish to review / obtain copies of blood work from September 2000 to 2001?</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name *A. Dickson RMT* / *A. Dickson RMT* Date *3/17/2003*
 Print Sign

Form 801-135A RECEIVED COAL TOWNSHIP MAR 17 AM 10:43 INMATE REQUEST TO STAFF MEMBER MEDICAL DEPT.		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Mr. W. J. Howell CHCA</i>		2. Date: <i>3-14-03</i>	
3. By: (Print Inmate Name and Number) <div style="background-color: black; width: 100px; height: 15px;"></div> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>Mr. Moore</i>	
		5. Unit Manager's Name <i>Mr. Smith</i>	
6. Work Assignment <i>U/A</i>		7. Housing Assignment <div style="background-color: black; width: 100px; height: 15px;"></div>	
8. Subject: State your request completely but briefly. Give details. <i>I need to obtain a copy of blood test from Sept 3000 to Sept 3001 for HCV. Could you please tell me how to obtain such, and when and if it will be provided with such.</i> <div style="text-align: right;"><i>Thank you</i></div>			
9. Response: (This Section for Staff Response Only) <i>Mr. Smith,</i> <i>You will not be able to have this copy in your hand. However you may receive your medical report with Mr. Dickson</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

W. J. Howell
 Sign *CHCA*

Date

3.17.03

19

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Ms. Sewell C.H.C.A.	2. Date: 2-22-02		
3. By: (Print Inmate Name and Number) <i>Kim Smith</i> Inmate Signature	4. Counselor's Name Mr. Moser		
	5. Unit Manager's Name Mr. Smith		
6. Work Assignment F/3	7. Housing Assignment		
8. Subject: State your request completely but briefly. Give details. The reason for this request is that I'm not understanding how Dr Brien can make a determination regarding the lump behind left knee that runs up into the ham string and is very painful and hurts when walking that this lump is benine , without first taking a byopsie of the lump. Anyway on 2-19-02 he stated such and told me if I did not like what he said then I could sue him as it was not the first time he was sued for amlpactice. I feel this act is delberate and with the intent to bring me harm or additional injury. For the Dr. to take a u.t--a sound and x-rays and see the problem and refuse to treat it, then make a false claim about what it is without taking a test is a clear showing of deliberate indifference and is wantonly being done to injury and bring harm while I suffer the pain. I feel this is an act to deprive me health care for the pending claim in federal court. I'm not sure if it is a game on the Dr. behalf, but he knew or he should have known that to make such a statement and refuse to treat would put me at risk for a serious health problem that may cost me my leg. Since no test was taken to determine the cause or reason for this lump or it nature, it hard to believe that this Dr. has my best interest at hand.			
9. Response (This Section for Staff Response Only)			
<i>Mr. Smith</i> <i>Dr. Brien has determined that you have "cysts" in the back of your left knee because that is what the ultra sound report indicated. It specifically stated that there are no solid masses (cancer) present on the ultra sound exam since there was already a clear diagnosis provided</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
Staff Member Name <i>Ms. Sewell</i> Print		Date <i>2-25-02</i> Sign <i>CHC</i>	

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

Exc

GRIEVANCE NO.

/

TO: GRIEVANCE COORDINATOR MRS. BURKS	INSTITUTION S.C.I. SMITHFEILD	DATE 9-13-99
FROM: (Commitment Name & Number) KIM SM9TH CT-2162	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT KITCHEN	QUARTERS ASSIGNMENT I-B-10	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 6-17-99 I requested cancelation of cable due to me being out on
on writ for the month of July. This request was in compliance with the
cable contract for cancellation. Soon thereafter Ms. Judlocki forwards a
reply to request to the county jail.

- **EXD** -

DC-135A

SEP 18 1999

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr. Koon Inmate Account

2. DATE

9-13-99

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Lime Smith 52165

4. COUNSELOR'S NAME

Ceserak

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

F-B-29

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

After filing a grievance I was told by Mr. Busto to contact about my June 13, 1999 cancellation of my cable in compliance with cable contracts, I sent notice on that date more than 10 days before cable would pay. Mr. Busto replied to my request stating I need staff signature to cancel my cable. On 6-18-99 I turned in my cable hook up to intake and went to F.T.A. I did not understand why I was billed for July cable when I was not in the institution. I turned in cable wire and complied with the cable contracts for cancellation. I wrote you on this matter and you advised that I could not get a refund for this month's cable service.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Thank you

ON your request -
you did not have staff signature &
you told me to cancel your cable if
you were not back. That is not how
the policy works. I have answered
this numerous times and I will not
answer any more requests
pertaining to this issue.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

D. Gallucci

DATE

9-20-99

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Ms Hannah</i>		2. Date: <i>12-24-00</i>	
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2162</i> <i>Kim Smith</i> Inmate Signature		4. Counselor's Name <i>R. Zimmerman</i>	
6. Work Assignment <i>N/A</i>		5. Unit Manager's Name <i>Ms Hannah</i>	
		7. Housing Assignment <i>H-B-13</i>	
8. Subject: State your request completely but briefly. Give details.			
<p><i>me according to L. Garcia inmate accounts your 12-13-00 signed request slip is not good enough and she claiming she not followed contracts policy for cancellation. I'm not sure what more needs to be done to have code cancelled so I'm not charged for a release. I'm not getting. And I do not see in my future, returning to population in this institution. As well as a Zimmerman from you, Capt Blumey, Lt Simpson, Lt Rose, etc. Could you please look into this?</i></p> <p><i>Could please contact Laundry and see I get a T-shirt and 32 W Boxer.</i></p> <p><i>Also could you aid me in getting my C-pap device on H Block and power cut on to use it and extension cord out of property to safely use it. As A. Biviano believes I do not have health problems dialysis, arthritis, low back, left knee (could right shoulder), osteoporosis. Also page 1-5-51-1-4 low back, left shoulder, hip-C. If these are not health</i></p>			
9. Response: (This Section for Staff Response Only)			
<p><i>problems I do not know what is, as well as may have asthma related illness and I'm not manipulating the system as A. Biviano believe. Could you please tell me why my legal mail is being stopped from leaving institution. A Zimmerman has failed to reply to any request in the last 3 1/2 weeks.</i></p> <p><i>#1 - I have contacted PCA Mr. Weaver, concerning your request for the C-pap device. He states that your name, referred this device in several occasions. I informed him (1/4/00) that you wanted @ this time to utilize the machine. You need also to be aware that you need to follow the instructions of the medical personnel when utilizing this equipment.</i></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Date

Revised July 2000

(over) →

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR <i>Mrs. Bueker</i>	INSTITUTION <i>S.C.I.S</i>	DATE <i>7-3-02</i>
FROM: (Commitment Name & Number) <i>Don Smith CT 216.2</i>	INMATE'S SIGNATURE <i>Don Smith</i>	
WORK ASSIGNMENT <i>Kitchen</i>	QUARTERS ASSIGNMENT <i>F-B-29</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

By B. Warner
On 2-2-00 I was instructed that I would be
call to nurse line and given the C-Fap device at
that time I would sign for such and be in-
structed how to operate it and clean the filter.
This device was taken to F block without my
knowledge upon reporting to nurse line I was
told I must carry a device to nurse line that
I was signed for. When I returned to the block
on 6-2 shift I found to advise me if C-fap was
in stock and then the action was with a man-
coult and repeatedly refers to answer question if C-fap
was in stock and that's all I was to do.

B. Actions taken and staff you have contacted before submitting this grievance:

Mr. Bueker, Don Smith, Mr. Bueker

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator



Date

DC-135A

B 27

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON V

DESIRE ASSISTANCE. GIVE DETAILS.

Mr. I need a renewal of my location!

1. Foot cream
2. Placemide 0.0590 for sores on body & face
3. ACP for day feet.
4. Also I would like to be seen for my right shoulder for the 4th time, pain is persistent and has not went away. And the medication given me by Hoffman has not eased the pain or difficulty in movement. Please reply to this request.

Thank You

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Smith,

For the shoulder pain you need to sign up for sick call.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Ronald Long, M.D.

DATE

3/29/00

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. /

TO: GRIEVANCE COORDINATOR BUKS	INSTITUTION SCFS	DATE 10-31-99
FROM: (Commitment Name & Number) Kim Smith CT-162	INMATE'S SIGNATURE Kim Smith	
WORK ASSIGNMENT 9/1 to 1/1	QUARTERS ASSIGNMENT F-1-29	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 10-21-99 I went to store and bought a M.A. dated 10-19-99 which was \$15.00 at the store. I was told I only had \$10.00 which was not the total for the M.A. On 10-14-99 I went to store and bought a M.A. for \$10.00 and spent \$19.49. I was paid from 10-14 to 10-21. I made a transaction with the kitchen that cost me \$4.29, postage, copies of medical, and about every month I am charged \$5.00 to \$15.00 for other postage in store. I am not paid for my work and get charged 3 days pay for work I do not do. I am also charged 10-21-99.

B. Actions taken and staff you have contacted before submitting this grievance:

Some staff members told me that I should go to the kitchen and ask for my pay. I did not get paid for my work.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


Signature of Grievance Coordinator

10-22-99
Date

DC-ADM 804, Inmate Grievance System
DC-804
Part 3

Attachment C
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI Coal Township

DATE: June 11, 2001

SUBJECT: Grievance Rejection Form

TO: Kim Smith
D-B-54

FOR OFFICIAL USE ONLY

0488-01

GRIEVANCE NUMBER

FROM: Kandis K. Dascani (KP)
Kandis K. Dascani
Corrections Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System.

1. ☒ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. Other policies not applicable to DC-ADM 804
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until .
Date
11. ☐ Grievance involves matters that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has/have been reviewed and addressed previously.

I am attaching a copy of the response to misconduct appeal #875160, which is the only appeal on record for you.

DC-ADM 804, Inmate Grievance System
DC-804
Part 3

**NOT
RMD**

Attachment C
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI Coal Township

DATE: June 7, 2001

SUBJECT: Grievance Rejection Form

TO: Kim Smith, CT-2162

RHU

FROM:

Kandis K. Dascani

Kandis K. Dascani
 Corrections Superintendent's Assistant

FOR OFFICIAL USE ONLY

0476-01

GRIEVANCE NUMBER

54

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System.

1. ☒ X Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. Other policies not applicable to DC-ADM 804
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____ Date
11. ☐ Grievance involves matters that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has/have been reviewed and addressed previous

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0476-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

01 JUN -5 AM 10:35

TO: FACILITY GRIEVANCE COORDINATOR K DAS CAN	FACILITY: Superintendent's Assistant	DATE: 6-2-01
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: U1A	HOUSING ASSIGNMENT: U1A RHU-A-107	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In this case I was to be released from RHU after serving 45 days for a misconduct for disobeying an order, with malice, and malicious intent, deliberate indifference, wanton infliction of harm and emotional distress, interference with access to law library. Staff knowingly and intentionally subjected me to cruel punishment without reason or cause by failure to release me from RHU after maximum sentence had expired, since I was not given any reason for this continued punishment. I feel this punishment is intentional and I have not been able to believe them on this and I

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

RHU Sgt in A in the A.M., Pod officer Sgt claimed to called D-1 for a bed and they said there was none, that this continued confinement and abuse and punishment was due to Counselor Miller's intervention.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

KK Dascan

Signature of Facility Grievance Coordinator

6/7/01

Date

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
SCI Coal Township
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

01 JUN -6 AM 9:14

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR <i>K. Dascari</i>	Superintendent's Assistant Office	INSTITUTION <i>SCIC</i>	DATE <i>6-4-01</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT262</i>		INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>U/A</i>		QUARTERS ASSIGNMENT <i>D-2-54</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

*Could you please tell me why I've not
gotten a reply to my 4-18-01 misconduct
appeal. I filed 3 appeals to wardens
and I've gotten no reply.*

B. Actions taken and staff you have contacted before submitting this grievance:

*Smith, Penn, Barano, Lane, Johnson
H. Scola, Hillis*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR <i>K. Ascani</i>	INSTITUTION <i>SCIC</i>	DATE <i>6-4-01</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT262</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>U/A</i>	QUARTERS ASSIGNMENT <i>D-2-54</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

*Could you please tell me why I've not
gotten a reply to my 4-18-01 misconduct
appeal. I filed 3 appeals to warden
and I've gotten no reply.*

Kim Smith

I request you direct your request to Legum

B. Actions taken and staff you have contacted before submitting this grievance:

*Smith, Dennis, Varano, Lane, Johnson
H. Sala, Hillis*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DOCKET

INMATE'S SIGNATURE

INMATE'S SIGNATURE

INMATE'S SIGNATURE

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DC-804
PART 1

inmate
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR <i>K. Brown</i>	INSTITUTION <i>S-I</i>	DATE <i>6-4-01</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT260</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>U/A</i>	QUARTERS ASSIGNMENT <i>D-2-051</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Could you please tell me when the next letter a reply to my 4-18-01 memo was received. I filed 3 appeals to warden and have gotten no reply.

B. Actions taken and staff you have contacted before submitting this grievance:

Smith, Henry, Vancaro, Lane, Johnson & Sala, Hillis

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

**DC-ADM 804, Inmate Grievance System
DC-804
Part 3**

**Attachment C
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI Coal Township**

DATE: June 7, 2001

SUBJECT: Grievance Rejection Form

TO: Kim Smith, CT-2162

RHU

FROM: Kandis K. Dascani
Kandis K. Dascani
Corrections Superintendent's Assistant

FOR OFFICIAL USE ONLY

0476-01

GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System.

1. ☒ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - ☒ b. DC-ADM 802-Administrative Custody Procedures
 - c. Other policies not applicable to DC-ADM 804
2. ☐ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3. ☐ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4. ☐ Group grievances are prohibited.
5. ☐ The grievance was not signed and/or dated.
6. ☐ Grievances must be legible and presented in a courteous manner.
7. ☐ The grievance exceeded the two (2) page limit. Description needs to be brief.
8. ☐ Grievances based upon different events shall be presented separately.
9. ☐ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10. ☐ You are currently under grievance restriction. You may not file any grievances until _____ Date
11. ☐ Grievance involves matters that occurred at another facility and should be directed by the inmate to the appropriate facility.
12. ☐ The issue(s) presented on the attached grievance has/have been reviewed and addressed previously.

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Capt D. McAnaney

2. Date:

2-8-01

3. By: (Print Inmate Name and Number)

Kim Smith CT2162

4. Counselor's Name

Mr. Dunn

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-02

8. Subject: State your request completely but briefly. Give details.

I will must inform you of acts of Dr. Prot, before I go to state police with a claim of attempted murder. Dr. Prot knew or should have known that the termination of my hepatitis C treatment put me at risk for serious health problems or even death.

Sept 2000 my liver enzyme level was 288,000 hep C related treatment for such was started. Feb 2001 blood test was taken and liver enzyme level hep C related showed a significant drop from the above to 202,000 which showed a drop of 86,000 and that I was responding to treatment. With deliberate indifference, malpractice, neglect and gross negligence Dr. Prot terminated this treatment, and done so with the intent to bring harm or death. And he knew or should have known that to terminate after test showed I was responding to treatment, to stop such was done to bring me harm for

9. Response: (This Section for Staff Response Only) a serious health problem

By Copy of this request, I will advise Ms. Sewell of Your Concerns. I am not a doctor, nor are you. You cannot dictate your treatment plan. Your concerns should be addressed through the medical dept. You have the opportunity to contact the state police at anytime, however, they will tell you to address it through the institutional channels.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

David W. McAnaney

Print

David W. McAnaney

Sign

Date

Feb 12, 2001

Ex A

2

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Medical Director

2. Date:

2-10-01

3. By: (Print Inmate Name and Number)

Kim Smith CT2162

4. Counselor's Name

Mr. Ruvon

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-02

8. Subject: State your request completely but briefly. Give details.

It is a on going concern how Dr. Kest can either
decide to treat or terminate life sustaining treatment
back as

Dr. Kest A, B, C treatment claiming she not responded to this
treatment. In Sept. the high liver level enzyme was 298,000
in Feb it drop to 802,000 a drop of 86,000 which showed
her responding to this treatment. And there is no condition
to this treatment that this number must be cut in half
in 4 1/2 months, the reduction in this number is a
clear showing of a person responding to this treatment.
Why is it that you are willing to side with this form
of drug regime, and deprive a inmate life supporting
health care, without this treatment it should be subjected to
serious liver disease or even death. And for you to support
this act will make you part of my civil claim filed

9. Response: (This Section for Staff Response Only)

Mr. Smith

Due to the fact you have a
guarantee in with the med Dept.
Please allow me to answer
that guarantee.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

M. J. Smith

Sign

Date

7.12.01

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

343

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

*Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Medical Director

2. Date:

8-10-0

3. By: (Print Inmate Name and Number)

Jim Smith CT2162

4. Counselor's Name

Mr. Dunn

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-02

8. **Subject:** State your request completely but briefly. Give details.

It was Dr. Krat's decision to terminate this treatment and it is not supported by medical evidence, or any justifiable professional decision, this is where they should go, an audit or a federal investigation into you, Dr. Krat and the manner in which medical treatment is done. If the expense of this treatment is not reason to deny, and after I started treatment, it should not be told I must wait until they develop a cheaper form of treatment, to have a decision of treatment on this ground is criminal and unprofessional.

If must send the requested information to my attorney so please provide me with such

Thank You

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name _____ / _____ Date _____
Print Sign

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

2 of 3

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

*Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Medical Director

2. Date:

2-10-01

3. By: (Print Inmate Name and Number)

Kim Smith 62162

Ken Smith

Inmate Signature

4. Counselor's Name

Signature: *[Handwritten Signature]*

5. Unit Manager's Name

Onk Manager's Name
Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-000

8. **Subject:** State your request completely but briefly. Give details.

in federal court.

② The denial of sex arena treatment is also a issue that puts me at risk for health care problems in connection with this illness.

I have been advised that she informed you of this
news so you are not caught by surprise.

③ I'm still waiting for some kind address for health care provider.

⑤ I'm also awaiting a release of information form for my medical record.

⑤ And I would like the name and address of the place where blood test was sent, as I feel Dr. that my false medical record to justify his termination of liver treatment. Or if, he and other parties, conspired to sign a refusal form claiming I refused treatment which I did not.

9. Response: (This Section for Staff Response Only)

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date _____

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Mr. Sewell

2. Date:

2-11-01

3. By: (Print Inmate Name and Number)

Kim Smith CT9162

4. Counselor's Name

Mr. Lunn

5. Unit Manager's Name

Mr. Smith

6. Work Assignment

N/A

7. Housing Assignment

D-1-02

8. Subject: State your request completely but briefly. Give details.

Could you please provide me with a copy of D.O.C policy that was put for Hepatitis A, B, C treatment. I'm concerned where it is stated that a liver enzyme that shows the Hep virus must be cut in half within 160 day from the date treatment was started, as I'm being told by medical staff.

Hep B blood test showed the enzyme in question 288,000 here in Feb the same test showed a level of 202,000 and if treatment would have been continued the full 6 months the Hep B level may have been cut in half.

Please provide me with this D.O.C policy.

9. Response: (This Section for Staff Response Only)

Mr. Smith,

D.O.C. Hep C protocol is for institutional staff only & will not be released to inmates.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Mr. Sewell

Sign

Date

2-13-01

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Capt D. McAnaney</i>	2. Date: <i>2-14-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2160</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>Dunn</i> 5. Unit Manager's Name <i>Smith</i>
6. Work Assignment <i>N/A</i>	7. Housing Assignment <i>D-1-02</i>
8. Subject: State your request completely but briefly. Give details. <i>It has been above a concern, I know what the Dr said when I started the Hep C treatment. You not dictating any thing, now do I expect Dr Koot to go above and beyond his duty to deny treatment or deprive. Since I was not provided with D.O.C policy for Hep C treatment where Dr Koot to dictate to me issues that are not D.O.C policy. They have been informed if mail has left institution, must have counsel check this issue</i>	
9. Response: (This Section for Staff Response Only) <i>Your medical treatment must be directed by medical staff. This is not a security issue. please direct your medical concerns to Mrs. Sewell, Mrs Rodchock or DCS Lane</i>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

D.W. McAnaney ^{CONF}
 Print

Sign

D.W. McAnaney

Date

2/14/01

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0476-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K DAS CANI</i>	FACILITY: <i>Superintendent's Assistant</i>	DATE: <i>6-2-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>U1A</i>	HOUSING ASSIGNMENT: <i>U1A RHU-A-107</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On this date I was to be released from RHU after serving 45 days for a misconduct for disobeying an order, with malice, and malicious intent, deliberate indifference, wanton infliction of harm and emotional distress, interference with access to law library. Staff knowingly and intentionally subjected me to cruel punishment without reason or cause by failure to release me from RHU after maximum sentence had expired. Since I was not given any reason for this continued confinement I feel this punishment is intentionally being inflicted. It is hard to believe there is no help on D-1.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

RHU Sgt an A in the A.M., Pad affres Sgt claimed to called D-1 for a bed and they said there was none, that this continued confinement and abuse and punishment was due to Counselor Millers intervention.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

KK Dascan

Signature of Facility Grievance Coordinator

6/7/01

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0476-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K DAS CAN</i>	FACILITY: <i>SCIC</i>	DATE: <i>6-2-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>U1A</i>	HOUSING ASSIGNMENT: <i>SCIC RHU-A-107</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On this date I was to be released from RHU after serving 45 days for a misconduct for disobeying an order, with malice, and malicious intent, deliberate indifference, wanton infliction of harm and emotional distress, interference with access to law library, staff knowingly and intentionally subjected me to cruel punishment without reason or cause by failure to release me from RHU after maximum sentence had expired. Since I was not given any reason for this continued confinement I feel this punishment is intentionally being inflicted. He had to believe that he was on D-1.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

RHU Sgt an A in the A.M., Rod affres Sgt claimed to called D-1 for a bed and they said their was none, that this continued confinement and abuse and punishment was due to Counselor Miller's intervention.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

KK Dascan

Signature of Facility Grievance Coordinator

6/7/01

Date